04075

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 11 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) King (Middle) (Last) Anderson
4. DATE OF DEATH (Month) April (Day) 4 (Year) 1949
5. SEX M
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 14, 1926
9. AGE last birthday 22 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) College Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Maurice Clifford Anderson
14. MOTHER'S MAIDEN NAME Georgie Mae King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 1946
16. SOCIAL SECURITY NO. 218-20-9251
17. INFORMANT Maurice Clifford Anderson (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull — 11 hrs

812.5 Antecedent cause(s)

170 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Autoaccident

(c) Fract. r femur & tibia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) hi-way
(CITY OR TOWN) (COUNTY) Queen Annes (STATE) Md
TIME OF INJURY (Month) 4 (Day) 3 (Year) 49 (Hour) 12 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Struck by car while pedestrian

22. I hereby certify that I ~~attended the deceased from~~....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE Louis S Wetty MD. Dmr (Degree or title) ADDRESS Easton Md DATE SIGNED 4-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/5/49
NAME OF CEMETERY OR CREMATORY Crisfield Md James or Stewart
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4/6/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Salisbury Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04076

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels,
LENGTH OF STAY (in this place): 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels, Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) M. (Last) Ball

4. DATE OF DEATH: (Month) April (Day) 7, (Year) 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 29, 1907

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Douglas H. Sharp

14. MOTHER'S MAIDEN NAME: Susie M. Browder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John M. Ball, Neavitt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRONCHIAL PNEUMONIA — Interval between onset and death: ?

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) TUBERCULOSIS, PULMONARY — 3 yrs (?)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED: While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 30, 1949, to APR 7, 1949, that I last saw the deceased alive on APR. 7, 1949, and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE: Arthur V. Nicholls
(Degree or title): M.D.
ADDRESS: St. Michaels - Md.
DATE SIGNED: 4-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Apr. 11, 1949
NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
LOCATION (City, town, or county) (State): St. Michaels, Md.

DATE REC'D BY LOCAL REG.: Apl 9th 49
REGISTRAR'S SIGNATURE: Mrs Robt. L. Bath
24. FUNERAL DIRECTOR: Newnam & Harrison, St. Michaels, Md.
ADDRESS:

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APR 11 1949
BUREAU V. S.

04077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Royal Oak, Maryland
STREET ADDRESS (If rural give location) -

3. NAME OF DECEASED (Type or Print) (First) George (Middle) M. (Last) Brinsfield
4. DATE OF DEATH (Month) April (Day) 26 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 6, 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Royal Oak, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Solomon Brinsfield
14. MOTHER'S MAIDEN NAME Margaret McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) -
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. E. J. Greenhalgh, Royal Oak, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH ? hours

331

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11.30 P m., from the causes and on the date stated above.

SIGNATURE Louis J Welty MD. (Degree or title) DME ADDRESS Easton Md. DATE SIGNED 4-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 28. 1949
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Talbot, Md.

DATE REC'D BY LOCAL REG. Apl 28, 49
REGISTRAR'S SIGNATURE Mrs Robt. L. Seck
24. FUNERAL DIRECTOR Newnam & Harrison, St. Michaels, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04078

CERTIFICATE OF DEATH

Reg. Dist. No. 29o

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bay St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Bay St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mildred	Elizabeth Diamond	Brooke	april	18-	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	Dec 17-1910	38 yrs.	4			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
nurse	nurse	Diamond's Corner	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William T. Diamond	Sarah V. Shannahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Mrs Clara Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia - due to hanging -

974 Antecedent cause(s)

164a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Suicide	Home	Easton	Talbot	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
April 18 1949 m.		Asphyxia - due to hanging

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. H. Harrison	M.D.	214 E. Dover St. Easton, Maryland	April 18 '49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 21, 49	Spring Hill	Easton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/20/49	M.A. Reeves	John S. Williams	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04079

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) C. (Last) Chaplain

4. DATE OF DEATH: (Month) Apr (Day) 1 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 11, 1881

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Melchean Chaplain

14. MOTHER'S MAIDEN NAME: Lilly Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs Margaret G Chaplain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval Between Onset and Death: 3 days

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b) Coronary sclerosis — 10 years

(c) Hypertensive disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1949, to April 1, 1949, that I last saw the deceased alive on April 1, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE: J. Tyler Baker (Degree or title) M.D. ADDRESS: Easton, Md. DATE SIGNED: 2 April 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: 4/3/49 | NAME OF CEMETERY OR CREMATORY: Pittsburgh Pa | LOCATION (City, town, or county) (State): Pittsburgh Pa.

DATE REC'D BY LOCAL REG. 4/2/49 | REGISTRAR'S SIGNATURE: M. A. Nevins | 24. FUNERAL DIRECTOR: [illegible] | ADDRESS: Easton, Md

RECEIVED
APR 7 1949
BUREAU V. S.

04080

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) T. (Last) CRAFT
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH March 15, 1860
9. AGE last birthday 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer.
11. BIRTHPLACE (State or foreign country) Talbot County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Craft
14. MOTHER'S MAIDEN NAME Martha Dulin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr James L. Craft

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

784.5 Immediate cause (a) Hemorrhage from Stomach, cause

Antecedent cause(s)

181 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) not determined — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2nd degree burn left foot, incidental — 39 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947 to 4/19/, 1949, that I last saw the deceased alive on 4/19/, 1949, and that death occurred at 10 33 a m., from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M-D- ADDRESS Easton Md DATE SIGNED 4/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/21/49
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REG. 4/20/49
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR John D. Williams ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 24 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04081

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (in this place) 9 hours -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 507 August Street.

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Ferguson
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 4/28/1894 | 9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Easton Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Ferguson
14. MOTHER'S MAIDEN NAME: Anna Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yr., give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Frances Ferguson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Surgical shock

Antecedent cause(s) 802.8
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Traumatic amp. legs & Lacerat. scalp
169 (c) Run over by RR train

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: RR | (CITY OR TOWN): Easton | (COUNTY): Talbot | (STATE): Md

TIME OF INJURY (Month) 4 (Day) 3 (Year) 49 (Hour) 11½ a.m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Run over by RR train - Not a passenger

22. I hereby certify ~~that I attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis Welty MD DME | ADDRESS: Easton Md | DATE SIGNED: 4-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/6/49 | NAME OF CEMETERY OR CREMATORY: Spring Hill | LOCATION (City, town, or county): Easton | (State): Md

DATE REC'D BY LOCAL REG. 4/4/49 | REGISTRAR'S SIGNATURE: N. L. Nelms | 24. FUNERAL DIRECTOR: J. Rollis Clark | ADDRESS: Easton, Md.

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04082

CERTIFICATE OF DEATH

Reg. Dist. No. 24-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Talbot — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels — LENGTH OF STAY (in this place): Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Talbot
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St Michaels
   STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E. (Last) Fields

4. DATE OF DEATH: (Month) April (Day) 10, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 31, 1885

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Michaels, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Jackson, St. Michaels

14. MOTHER'S MAIDEN NAME: Ida Brooks, St. Michaels, Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Daisy Smith, St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute gastro intestinal indigestion. no antecedent cause — 3 days

571.1 Antecedent cause(s)

120 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None except food she ate

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): neither

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) St. Michaels, (COUNTY) Talbot, (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1949, to Apr. 10, 1949, that I last saw the deceased alive on Apr. 10, 1949, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Downey Wallson, M.D. St. Michaels, Md. Apr 11 '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr. 13, 1949 — NAME OF CEMETERY OR CREMATORY: Colored Cemetery — LOCATION (City, town, or county) (State): St. Michaels, Md.

DATE REC'D BY LOCAL REG.: Apl 13, 49 — REGISTRAR'S SIGNATURE: Mrs. Robt. L. Seth

24. FUNERAL DIRECTOR — ADDRESS: Newnam & Harrison, St. Michaels, Md.

RECEIVED
APR 14 1949
BUREAU V. S.

04083

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 30 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 South St.	STREET ADDRESS (If rural, give location) 216 South St.

3. NAME OF DECEASED (Type or Print)	(First) NELLIE	(Middle) MAY	(Last) JOHNSON	4. DATE OF DEATH	(Month) April (Day) 3 (Year) 1949
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept. 27, 1880	9. AGE last birthday 68 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William A. Cohee	14. MOTHER'S MAIDEN NAME Emily Dill				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT C. E. Johnson			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0	Immediate cause	(a) Nephrosclerosis	2 yrs?
	Antecedent cause(s)		
131a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1945, to 4/3/, 1949, that I last saw the deceased alive on 4/3/, 1949, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
R E Cox M D		Easton	Md	4-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Apr. 6, 1949	NAME OF CEMETERY OR CREMATORY Denton	LOCATION (City, town, or county) Denton, Caroline (State) Md
DATE REC'D BY LOCAL REG. 4/5/49	REGISTRAR'S SIGNATURE N. H. Neerus	24. FUNERAL DIRECTOR J. Virgil Moore & Son, Denton, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 7 1949
BUREAU V. S.

04084

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Talbot · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton · LENGTH OF STAY (in this place): 12 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bozman, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Kayter	(Middle) S.	(Last) Jones.	4. DATE OF DEATH (Month) April (Day) 1, (Year) 1949
5. SEX: F.	6. COLOR OR RACE: W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Apr. 26, 1878	9. AGE last birthday: 70 yrs. · If under 1 year: Months. Days · If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Bozman Md	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Sultan		14. MOTHER'S MAIDEN NAME: Mary Ball		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: no	17. INFORMANT: Mrs Maryl Powell — (Sister)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260 Immediate cause	(a) Myocardial Infarction due to Coronary Arteriosc.	1 hr.
61 Antecedent cause(s)	(b) Diabetes Mellitus	1 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Diabetic Acidosis	1 week.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive + Arteriosclerotic Heart Dis	10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1949, to 4/1, 1949, that I last saw the deceased alive on 4/1, 1949, and that death occurred at 6 Am m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sheyard Keech Jr	M.D.	Easton, Md.	4/1/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4/4/49	NAME OF CEMETERY OR CREMATORY: Bozman Methodist	LOCATION (City, town, or county): Bozman	(State): Md
DATE REC'D BY LOCAL REG.: 4/1/49	REGISTRAR'S SIGNATURE: N. H. Nevins	24. FUNERAL DIRECTOR: Newnam & Harrison	ADDRESS:	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 7 1949
BUREAU V. S.

04085

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (in this place) 3 days 6 hrs 55 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bernadette (Middle) (Last) Jurceka
4. DATE OF DEATH (Month) April (Day) 28 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 4-24-49
9. AGE last birthday 4 da — If under 1 year Months. Days. If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Easton Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph M. Jurceka
14. MOTHER'S MAIDEN NAME Sarah E. Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congenital Malformation of Heart - Cyanotic Type	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	6 hrs
	(c)	55 min.

754.4
157e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1949, to 4-28, 1949, that I last saw the deceased alive on 4-27, 1949, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

SIGNATURE John E Baybutt (Degree or title) M.D. ADDRESS 214 Dover St Easton Md DATE SIGNED 4-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 29, 1949
NAME OF CEMETERY OR CREMATORY St. Michaels
LOCATION (City, town, or county) St. Michaels (State) Md
DATE REC'D BY LOCAL REG. 4/29/49
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Newnam & Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04686

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) Mths. 25 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rt. Rev. (Middle) Bishop William McClelland. (Last)

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 1.22.83

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bishop

10b. KIND OF BUSINESS OR INDUSTRY: P. E. Church

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Alfred L. McClelland

14. MOTHER'S MAIDEN NAME: Marian Mc Dogue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Elizabeth R. McClelland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 61

Immediate cause (a) Myocarditis — Interval between onset and death: 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19~~46~~., to April 16, 19~~49~~., that I last saw the deceased alive on April 16, 19~~49~~., and that death occurred at 3:35 A. m., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M. D ADDRESS Easton, Maryland DATE SIGNED 4/18/49

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE 4/19/49 NAME OF CEMETERY OR CREMATORY Old Trinity LOCATION (City, town, or county) (State) Church Creek Dor. Md.

DATE REC'D BY LOCAL REG. 4/17/49 REGISTRAR'S SIGNATURE N. H. Norris

24. FUNERAL DIRECTOR J. B. Willoughby ADDRESS East New Market Md

VS. A15

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APR 24 1949
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04087

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

1. PLACE OF DEATH: COUNTY TALBOT; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford; LENGTH OF STAY (in this place) 7 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TRAPPE; STREET ADDRESS (If rural, give location) RFD 1

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) AMANDA (Last) McWilliams

4. DATE OF DEATH: (Month) APRIL (Day) 11 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: JAN. 19 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months. 2 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): TRAPPE, Md. (Talbot Co)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Seymour

14. MOTHER'S MAIDEN NAME: Lucy Bartlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Lucy Retallack (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage from left middle Cerebral Artery	7 days
Antecedent cause(s) 334	(b) Arteriosclerotic Heart Disease.	1 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(c) Cerebral Arteriosclerosis.	1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ventral Hernia. — 30 yrs.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr. 4, 1949, to Apr 11, 1949, that I last saw the deceased alive on Apr. 10, 1949, and that death occurred at 4 50 P m., from the causes and on the date stated above.

SIGNATURE Shepard Kuch (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED Apr. 11, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 4/13/49; NAME OF CEMETERY OR CREMATORY Spring Hill; LOCATION (City, town, or county) Easton, (State) Md.

DATE REC'D BY LOCAL REG. 4/12/49; REGISTRAR'S SIGNATURE M.H. Meeres

24. FUNERAL DIRECTOR: Maurice F. Newnam & Son ADDRESS Easton Md.

RECEIVED
APR 16 1949
BUREAU V. S.

4/8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04088

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:
Memorial Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Hillsboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME John Pritchett

3.(b) Social Security Number

4. Sex M

5. Color or race B

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Lizzie Pritchett

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ? About 1877

8. AGE: Years 72 ? Months Days If less than one day ..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Sam Pritchard ?
13. Birthplace Maryland

MOTHER
14. Maiden name Annie ?
15. Birthplace ?

16. Informant Hospital Records
Address Easton Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Apr. 14, 1949
(month) (day) (year)

Cemetery or crematory Sandtown

Location Near Hillsboro, Md

18. Funeral director J. Virgil Moore & Son
Address Denton Md.

19. 4/11 1949 N. H. Neeves
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1949 at 10 50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 Apr 1949 to April 10 1949

and that I last saw him alive on 10 April 1949

Immediate cause of death Cardiac failure

Due to Hypertension cardio-vascular disease

Due to 443

Other conditions 93d
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Preston Harrison M.D.
M. D. or other

Address 214 E. Dover St. Easton, Maryland Date signed 11 Apr 49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04089

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Hester — (Middle) Catherine — (Last) Reid

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W.	Single	Nov. 29 1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Talbot County, Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William A. Reid — 14. MOTHER'S MAIDEN NAME: Margaret Orrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs. Fletcher Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 2 weeks

332

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

332b

(b) Gastro intestinal upset

(c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Easton	Talbot	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 14, 1949, to April 2, 1949, that I last saw the deceased alive on April 1, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. M. Palmer		Easton Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 5, 1949	Spring Hill	Easton.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/3/49	M. H. Meekins	B. W. Beck	

VS. A15

RECEIVED
APR 7 1949
BUREAU V. R.

R.C. at 9 15 AM 4/24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04090

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 10a; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Goldsboro, Md. COUNTY CAROLINE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Scott

4. DATE OF DEATH: (Mouth) 4 (Day) 25 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/8/1879

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Scott Sr.

14. MOTHER'S MAIDEN NAME: Martha Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Nora Russell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 **Immediate cause** (a) Gastro-Intestinal Hemorrhage — Interval Between Onset and Death: 2 days

12Hb **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24/, 1949, to 4-25-1949 that I last saw the deceased alive on 4-25-, 1949, and that death occurred at 9 11 A. m., from the causes and on the date stated above.

SIGNATURE R Cot (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 4/27/49 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) Greensboro (State) Md.

DATE REC'D BY LOCAL REG. 4/26/49 — REGISTRAR'S SIGNATURE N.A. Nevins — 24. FUNERAL DIRECTOR R.B. Rawlings — ADDRESS Greensboro Md.

RECEIVED
MAY 3 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04091

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Easton
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Easton
STREET ADDRESS (If rural, give location) Goldsboro Neck

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Louise (Last) Thom

4. DATE OF DEATH (Month) April (Day) 19 (Year) 1949

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 2, 1873
9. AGE last birthday 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housekeeping
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Dietert
14. MOTHER'S MAIDEN NAME Louise Guido

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Wm F. Thom.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	10 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	2 yrs.
	(c) Arterio Sclerosis	10 yrs

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ the deceased from Dec., 1940, to Apr., 1949, that I last saw the deceased alive on Apr. 19th, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE William S. Seymour (Degree or title) ADDRESS Easton Md DATE SIGNED 4/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 23
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 4/21/49
REGISTRAR'S SIGNATURE N. H. Harris
24. FUNERAL DIRECTOR [signature] ADDRESS

RECEIVED
APR 24 1949
BUREAU V. S.

4/7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04092

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
MARYLAND
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 4 Easton Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eunice (Middle) (Last) Triggs

4. DATE OF DEATH (Month) April (Day) 10 (Year) 1949

5. SEX Female

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 4-14-81

9. AGE last birthday 67 yrs. If under 1 year Months. If under 24 hrs. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Talbot County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Johns

14. MOTHER'S MAIDEN NAME Emily Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT George Tuffe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

601 **Immediate cause** (a) Chronic Pyelonephritis & Uremia — Interval Between Onset and Death: 2 mo. Known

133a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral hydronephrosis, mild — 2 mo. Known

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 7, 1949, to Apr. 10, 1949, that I last saw the deceased alive on Apr. 9, 1949, and that death occurred at 05 A. m., from the causes and on the date stated above.

SIGNATURE Stewart Keech Jr (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 4/12/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4/13/49 | NAME OF CEMETERY OR CREMATORY Wilkinsburg | LOCATION (City, town, or county) (State) Easton, Md. RD #4

DATE REC'D BY LOCAL REG. 4/11/49 | REGISTRAR'S SIGNATURE N. H. Meeres | 24. FUNERAL DIRECTOR James F. Stewart ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

768R

04093

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Davis Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 206 Davis Ave

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Henry (Last) Wyatt

4. DATE OF DEATH (Month) April (Day) 19 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 1-1868
9. AGE last birthday 81 yrs. If under 1 year Months 2 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet work
10b. KIND OF BUSINESS OR INDUSTRY Furniture
11. BIRTHPLACE (State or foreign country) Hambleton Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wyatt
14. MOTHER'S MAIDEN NAME Ellen Rust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Orville Wyatt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Pancreatitis, with acute exacerbation	2 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	15 yrs
	(c)	

450.0
128

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1947, to Apr., 1949, that I last saw the deceased alive on Apr. 18, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Seymour ADDRESS Easton DATE SIGNED Apr. 20th/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr. 21-49
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 4/20/49
REGISTRAR SIGNATURE T. H. Merrill
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1949
BUREAU T. S.